

DELTA TOWNSHIP FALL BALL SCORECARD

DATE _____ SCHED. TIME _____ ACTUAL START _____ END _____ FIELD _____

PLATE UMP _____ BASE UMP _____

VISITOR									
HOME	1	2	3	4	5	6	7	8	TOTAL

☐ EJECTION ☐ PROTEST ☐ INJURY

Please fill out reverse if any checked

VISITING MANAGER SIGNATURE _____

HOME MANAGER SIGNATURE _____

PROTEST

INNING _____ TIME REMAINING IN TIME LIMIT _____

TEAM PROTESTING _____

HOME SCORE _____ VISITOR SCORE _____ OUTS _____

NEXT BATTER _____ COUNT/BALL _____ STRIKE _____

BASERUNNERS (NAME) 1ST _____ 2ND _____ 3RD _____

PROTESTED RULE INTERPRETATION _____

EJECTION

NAME _____ TEAM _____

REASON _____

INJURY

NAME _____ TEAM _____

BODY PART INJURED _____ AMBULANCE? ☐ YES ☐ NO